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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Attorney Docket Number 03-4266 **DECLARATION FOR UTILITY OR** First Named Inventor DESIGN LESNIAK COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number Filing Date Declaration Declaration X OR Submitted Submitted after Initial Art Unit Filing (surcharge (37 CFR 1.16 (e)) With Initial Filing Examiner Name reguired)

		·						
I hereby declare that:								
Each inventor's residence, ma	iling address, a	nd citizenship are as stated b	elow next to t	their name.				
I believe the inventor(s) name which a patent is sought on the			) of the subject	ct matter wh	nich is claim	ned and for		
SPORTING PROPHYLAXIS								
1								
		(Title of the Invention)			<del> </del>			
the specification of which		,						
X is attached hereto			1 P		٠			
OR								
was filed on (MM/DD/Y	YYY)	as Uni	ted States Ap	plication Nu	ımber or Po	CT International		
Application Number and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have revie amended by any amendment			ve identified s	pecification	, including	the claims, as		
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Prior Not Cla		Certified (	Copy Attached?		
Number(s)	Country	(IVIIVI/DD/11111)	NOLCIA	7		<u>,5 140                                   </u>		
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Additional foreign applicat	ion numbers ar	e listed on a supplemental pr	iority data she	et PTO/SB	/UZB attach	ied nereto.		

[Page 1 of 2]

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## **DECLARATION** — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST IN	VENTOR:		A petition	has bee	en filed for th	is unsigr	ned inventor	
Given Name	-			Fa	amily Name	<u> </u>		
(first and middle [if any])	RANK			or	Surname	LESNI	ΔΚ	
Inventor's Signature	B for	1			<u></u>	THONT	Date July /0	. 2003
Residence: City	State	v oc	Cour	ntry		Citizer		, 2003
Lansdale	Pēnns	sylvania	US	A.			USA	
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Lansdale	PA			194	46		USA	
NAME OF SECOND INVENTO	PR:			A pe	tition has be	en filed f	or this unsigne	d inventor
Given Name			•		mily Name			
(first and middle [if any]) Na	ushirwan	n R.	_	OF S	Surname	Mehta	a	
Inventor's Signature	71	e 11,5	1/2				Date	
	<del></del>		70				July 17.	2003
Residence: City	State		Cour	•		Citizer	•	
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Mailing Address								
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City	State			ZIP		Count	ry	
Wellesley	MA	<i>A</i>		0248	1-7613	U	JSA	
Additional inventors or a legal representative are being named on thesupplemental sheet(s) PTO/SB/02A or 02LR attached hereto.								

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ADDITIONAL INVENTOR(S)

DECLARATION		Supplemental Sheet Page1_ of _1			
Name of Additional Laboratory	<del></del>		ing book and flood for this		
Name of Additional Joint Inventor, if any:	<del>1</del>	ion has been filed for this	unsigned inventor		
Given Name (first and middle (if any)		Family Name	or Surname	<u> </u>	
Gerard	<del></del>	Kugel			
Inventor's Signature Smart My of	<del></del>	· 	: 	Date July /7, 2003	
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Name of Additional Joint Inventor, if any:		☐ A petiti	on has been filed for this	unsigned inventor	
Given Name (first and middle (if any)		Family Name or Surname			
Ayman //		Abdushala ABOUSHALA TT			
Inventor's Mahsham		-7	Uly 17,200	3	
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Name of Additional Joint Inventor, if any:		A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)		Family Name or Surname			
Inventor's Signature		Date			
Residence: City State		· · · · · · · · · · · · · · · · · · ·	Country	Citizenship	
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	Filing Date	
	First Named Inventor	LESNIAK
	Title	SPORTING PROPHYLAXIS
	Art Unit	
	Examiner Name	
	Attorney Docket Number	03-4266-P

I hereby appoint:							
X Practitioners at Customer Number:							
OR 281/13							
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Applicant/inventor.							
Assignee of record of the entire interest. See 37 CFR 3. Statement under 37 CFR 3.73(b) is enclosed. (Form PT							
SIGNATURE of Ap	plicant or Assignee of Record						
Name FRANK_LESNIAK							
Signature flows M Lorons							
Date July 10 2003	Telephone (212) 840-8300						
NOTE: Signatures of all the inventors or assignees of record of the entire forms if more than one signature is required, see below*.	nterest or their representative(s) are required. Submit multiple						
Total of4 forms are submitted.							

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# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number		
Filing Date		_
First Named Inventor	LESNIAK	
Title	SPORTING PROPHYLAXIS	_
Art Unit		_
Examiner Name		_
Attorney Docket Number	03-4266-P	

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X	Applicant/Inventor,					
$\Box$	* *	the entire interest. See 37 CFR 3.71.				
	Statement under 37 Cl	FR 3.73(b) is enclosed. (Form PTO/SB/96	i)			
		SIGNATURE of Applicant of	or Assignee of R	Record		
Name	Naushirwa	an R. Mehta				
Signati	ure //www.	the MA				
Date	July 17	2003		Telephone (212) 840-8300		
	Signatures of all the inventor more than one signature is re	rs or assignees of record of the entire interest or required, see below.	their representative	(s) are required. Submit multiple		
Total of 4 forms are submitted.						

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Application Number		
Filing Date		
First Named Inventor	LESNIAK	· · · · · · · · · · · · · · · · · · ·
Title	SPORTING	PROPHYLAXIS
Art Unit		
Examiner Name		······································
Attorney Docket Number	02 4266	P

I hereby appoint:							
X Practitioners at Customer Number:							
OR 28143							
Practitioner(s) named below:	PATENT TRADEMAR	K OFFICE	; ;				
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X Applicant/Inventor.							
Assignee of record of the entire int Statement under 37 CFR 3.73(b) is							
SIGNATURE of Applicant or Assignee of Record							
Name Gerard Kuge							
Signature Herrid	wall						
Date July 17 200	3 / /		Telephone   (212)   840-8300				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
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Filing Date		
First Named Inventor	LESNIAK	<del></del>
Title		PROPHYLAXIS
Art Unit		
Examiner Name		<del></del>
Attorney Docket Number	03-4266	

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		SIGNAT	URE of Applicant or	Assignee of R	Record		
Name	Ayman Ak	dushala	ABOUSHALI	7 74			
Signature							
Date	July 17	2003			Telephone (	212) 840-8300	
	atures of all the inventors of than one signature is req		of the entire interest or the	eir representative	e(s) are required. Sub	omit multiple	
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